

ARIZONA DEPARTMENT OF WATER RESOURCES
WATER MANAGEMENT DIVISION
P. O. Box 36020, Phoenix, Arizona 85067-6020
3550 North Central Avenue, Phoenix, Arizona 85012
Phone: (602) 771-8527 · www.azwater.gov ·

**APPLICATION TO SUBSTITUTE FLOOD DAMAGED
ACRES WITHIN AN ACTIVE MANAGEMENT AREA
PURSUANT TO A.R.S. § 45-465.01**

Original Certificate No. _____

New Certificate No. _____

New Certificate Issued On: _____

The initial fee for an Application to Substitute Flood Damages Acres is \$1,000. Total fees for this application are based upon an hourly billable rate, which can be found on the ADWR web site @www.azwater.gov. If the costs of reviewing your application exceed \$1,000, you will be invoiced for the difference, up to a maximum total fee of \$10,000. Payment may be made by cash, check, or credit card (if you wish to pay by credit card, please contact the Groundwater Permitting and Wells Program at 602-771-8527). Checks should be made payable to the Arizona Department of Water Resources. In addition to the hourly application fee, the applicant must pay any review-related costs associated with the application and the actual cost of mailing or publishing any legal notice of the application or notice of a pre-decision administrative hearing on the application. Review-related costs are: (1) costs associated with a pre-decision hearing on the application, such as court reporter services and facility rentals for the hearing, and (2) mileage expenses for a site visit conducted before issuing a decision on the application. Failure to enclose the initial application fee will cause the application to be returned. Fees for an Application to Substitute Flood Damages Acres are authorized by A.R.S. § 45-113 and A.A.C. R12-15-103.

1. Name and address of person filing this application (applicant must be the owner of the Irrigation Grandfathered Right identified in item No. 2).

Last Name	First	Middle Initial
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Last Name	First	Middle Initial
<hr/>		
Mailing Address	City	State
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()	()	Zip
<hr/>		
Home Telephone number (with area code)		Work Telephone number (with area code)

2. Irrigation Grandfathered Right Certificate No.: 58-
3. Active Management Area: _____
4. Number of acres to be retired: _____ Irrigation District affiliation : _____
5. Number of acres to be substituted: _____ Irrigation District affiliation : _____
6. Describe the location of the acres to be retired. (Attach map showing acres and any structures or roads located on the acres).
- | | | | | | | | | |
|-------------|-------------|--------------|---------|-----------------|----------|-----------------|-------|-----------------|
| <u>10ac</u> | <u>40ac</u> | <u>160ac</u> | Section | <u> </u> | Township | <u> </u> | Range | <u> </u> |
| <u>10ac</u> | <u>40ac</u> | <u>160ac</u> | Section | <u> </u> | Township | <u> </u> | Range | <u> </u> |
7. Describe the location of the acres you seek to substitute. (Attach Map)
- | | | | | | | | | |
|-------------|-------------|--------------|---------|-----------------|----------|-----------------|-------|-----------------|
| <u>10ac</u> | <u>40ac</u> | <u>160ac</u> | Section | <u> </u> | Township | <u> </u> | Range | <u> </u> |
| <u>10ac</u> | <u>40ac</u> | <u>160ac</u> | Section | <u> </u> | Township | <u> </u> | Range | <u> </u> |
8. When did the flood damage occur? _____

9. Please describe how it is not economically feasible to restore the flood damaged acres to irrigation use (attach a separate page if you need additional space):_____

10. Please attach an estimate of the cost of restoring the flood damaged acres to irrigation use and an estimate of the cost of bringing the new acres into cultivation. In the restoration costs, indicate the cost of protection the flood damaged acres from a flood of the magnitude of the flood that caused the damage.

I (We), _____ the applicant(s) named in this application, do hereby certify under the penalty of perjury, that the information contained and statements made herein are to the best of my (our) knowledge and belief, true, correct and complete.

Dated this _____ day of _____, 20 _____.

Signature of Owner or Authorized Agent

Printed Name

Corporation/Company Name

Title

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Notary Public

My Commission Expires:

Or

Authorized Personnel of the Department of Water Resources